

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09773057</u>		FILING DATE <u>01/30/01</u>	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
10	/						60		
11	/						61		
12	/						62		
13	/						63		
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18	/						68		
19	/						69		
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22	/						72		
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32	/						82		
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37	/						87		
38	/						88		
39	/						89		
40	/						90		
41	/						91		
42	/						92		
43	/						93		
44	/						94		
45	/						95		
46	/						96		
47	/						97		
48	/						98		
49	/						99		
50	/						100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	24						TOTAL DEP.		
TOTAL CLAIMS	25						TOTAL CLAIMS		